	ATE OF NEW YORK UNTY OF ALBANY SUPREME COURT				
In t	he Matter of the Application of	ORDER			
WA	YNE P. VANCE				
		INDEX # 127-17			
		DIN # 12B3682			
	Poor Person Status pursuant to R §1101(f).	ORI # NY001035J			
Nati	are of Action or Proceeding: Article 78	-X			
The	above-named inmate under sentence for convi- uant to CPLR §1101(f) for Poor Person status,	ction of a crime and having made application			
It is l	hereby ORDERED that this application is:				
0	DENIED, and all applicable filing fees must be paid by the inmate within 120 days of the date of this order, or else the action/proceeding shall be deemed dismissed without further order of the court.				
a a	GRANTED, and the inmate is directed to pay shall be liable for no other fees in the action/ by judgment or by settlement is had in his/h him/her to pay out of the recovery all or part	proceeding before this court unless a recovery ter favor in which event the court may direct			
It is f	urther ORDERED:				
4	That the inmate IS NOT REQUIRED to mak of the reduced filing fee. The full amount of superintendent or other public official in charg who shall collect such amount from the inmate are collected pursuant to section 60.35(5) of the	the reduced filing fee shall be reported to the ge of the facility where the inmate is confined, in the same manner as mandatory surcharges			
0	That the inmate IS REQUIRED to make an infiling fee. Once such initial payment is ful difference between such initial payment and the assessed as an outstanding obligation of the such amount from the inmate in the same may pursuant to section 60.35(5) of the Penal Law	ly received by the court, the amount of the he reduced filing fee, or \$, shall be inmate and reported to the superintendent or here the inmate is confined, who shall collect anner as mandatory surcharges are collected			
Dated:	January 10, 2017 at Albany, New York	Acting Justice of the Supreme Court Court Hon. Roger D. McDonbugh, A.J.S.C.			

FACILITY

INMATE

Copies:

COURT / COUNTY CLERK

-	TE OF NEW YORK NTY OF ALBANY SUPREME COURT		
	Matter of the Application of	ORDER	
WAY	'NE P. VANCE	INDEX # 1990-17	
		DIN # 12-B-3682	
CPLF	oor Person Status pursuant to R §1101(f).	ORI # NY001035J	
	e of Action or Proceeding: Article 78		
	bove-named inmate under sentence for conviction ant to CPLR §1101(f) for Poor Person status,	of a crime and having made application	
It is h	ereby ORDERED that this application is:		
	DENIED, and all applicable filing fees must be paid by the inmate within 120 days of the date of this order, or else the action/proceeding shall be deemed dismissed without further order of the court.		
	GRANTED, and the inmate is directed to pay a reduced filing fee of \$\(\frac{15.00}{0.00} \) and he/she shall be liable for no other fees in the action/proceeding before this court unless a recovery by judgment or by settlement is had in his/her favor in which event the court may direct him/her to pay out of the recovery all or part of such fees as are hereby forgiven.		
It is fy	orther ORDERED:		
	That the inmate IS NOT REQUIRED to make an of the reduced filing fee. The full amount of the superintendent or other public official in charge of who shall collect such amount from the inmate in are collected pursuant to section 60.35(5) of the I	reduced filing fee shall be reported to the f the facility where the inmate is confined, the same manner as mandatory surcharges	
0	That the inmate IS REQUIRED to make an initial payment of \$, of the reduced filing fee. Once such initial payment is fully received by the court, the amount of the difference between such initial payment and the reduced filing fee, or \$, shall be assessed as an outstanding obligation of the inmate and reported to the superintendent or other public official in charge of the facility where the inmate is confined, who shall collect such amount from the inmate in the same manner as mandatory surcharges are collected pursuant to section 60.35(5) of the Penal Law.		
Dated:	at Albany, New York	Acting Justice of the Supreme Court	

COURT / COUNTY CLERK FACILITY

Copies:

INMATE

NYS CHILD SUPPORT PROCESSING CENTER PO BOX 15368 ALBANY NY 12212-5368

AS OF 11/25/2016

New York Case Identifier: BQ93597P2

Support Due To: HICKS, SHAWNDRINA PAYEE

NYS CHILD SUPPORT HELPLINE Contact us by phone at 888-208-4485 TTY at 866-875-9975 Video Relay Service (fcc.gov/encyclopedia/trs-providers)

Please print address change below

ACCOUNT INFORMATION

Previous Past Due Balance: Obligations Charged:		\$500.00 \$0.00	DATE OF COLLECTION AND PAYMENT AMOUNT:	Next Payme	nt Due Dates:
Interest Charged: Payments Received: New Past Due Balance: TOTAL ARREARS OWED:		\$0.00 \$0.00 \$500.00 \$500.00		12/05 01/05 02/05	03/05 04/05 05/05
TOTAL AMOUNT TO PAY* Current Obligation: \$25.00 Monthly Arrears Obligation: \$0.00 Additional Amount: \$12.50 Monthly			the summ	received after nary "As Of" opear on next statement.	

PAYMENT INSTRUCTIONS

You may pay by check, money order, or online, if you are not paying by income withholding. If you are paying by check or money order, make it payable to the NYS Child Support Processing Center and write your New York Case Identifier shown above on the check or money order. Mail your payment to NYS Child Support Processing Center, PO Box 15363, Albany NY 12212-5363. You may use the coupon below. To create additional coupons, log on to New York State Child Support website at childsupport.ny.gov and CLICK on NONCUSTODIAL PARENT SERVICES on the NAVIGATION BAR. To pay online, go to e-childspay.com or expertpay.com for more information.

*The "TOTAL AMOUNT TO PAY" is the total of any "Current Obligation," "Arrears Obligation," and "Additional Amount" (50% of the current obligation) that you owe. You must pay the additional amount until the "TOTAL ARREARS OWED" is paid in full. By doing this you may avoid administrative or court enforcement actions. If you cannot pay the "TOTAL AMOUNT TO PAY" call the NYS Child Support Helpline for assistance.

CHANGE OF ADDRESS

If you have a change of address you may call the NYS Child Support Helpline to report the change OR complete the address section of the coupon provided below and mail the coupon to us with your payment.

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Cut Here	
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CHILD SUPPORT PAYMENT COUPON

NY Case Identifier: BQ93597P2

Noncustodial Parent: VANCE, WAYNE P SR

Custodial Parent: HICKS, SHAWNDRINA PAYEE

AMOUNT	¢
AMOUNT ENCLOSED	Ψ

CLOSED 4